

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/069270** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3	2		1	
4	1			
5				
6	1			
7	2		4	
8	1			
9		1		
10	2		1	
11	1			
12				
13	1			
14	1			
15	1			
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48				
49				
50				
TOTAL IND.		7		
TOTAL DEP.		8		
TOTAL CLAIMS		15		

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IND.	DEP.	IND.	DEP.	INC	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					